

"AMENDED"
FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only'd

NOV 30 2005
D
OLMS DRDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|--|---|
| 1. File Number U - <u>7639</u> | 2. Fiscal Year Covered From: <div style="text-align: center;">1 / 1 / 2004 Through: 12 / 31 / 2004</div> |
| 3. Name and address of person filing. Name <u>LINDA</u> <u>M</u> <u>BUNNELL</u> P.O. Box, Bldg., Room No., if any <u>P.O. BOX 1710</u> Street <u>200 WALLACE STREET</u> City <u>NEW HAVEN</u> State <u>Connecticut</u> ZIP Code + 4 <u>06507</u> | 4. Name, file number, and address of labor organization. Name <u>CHAUFFEURS, TEAMSTERS, WAREHOUSEMEN & HELPERS 443</u> Labor Organization File Number <u>035-774</u> P.O. Box, Building and Room Number, if any <u>P.O. BOX 1710</u> Street <u>200 WALLACE STREET</u> City <u>NEW HAVEN</u> State <u>Connecticut</u> ZIP Code + 4 <u>06507</u> |
| 5. Position in labor organization. <u>BUSINESS AGENT</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 7.a. Nature of Interest, Transaction, or Income. <div style="border: 1px solid black; height: 80px; margin-top: 10px;"></div> 7.b. Amount. <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div> |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Linda M Bunnell

On

10-5-05

Date

203-288-3291

Telephone Number

3. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TRANSPORTATION LOCAL 443 HEALTH SEV & INS PL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 200 WALLACE STREET

City NEW HAVEN

State Connecticut ZIP Code + 4 06507

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS TO LOCAL'S MEMBERS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENTS OF EXPENSES INCURRED IN CONNECTION WITH ATTENDING HEALTH SERVICES FUND CLERKS MEETING HELD BY TRI-STATE JOINT FUND 6/1/2004-6/04/2004. HOTEL ROOM AND TAX AND INCIDENTAL EXPENSES.

12.b. Amount.

\$883

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing LINDA BUNNELL

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TRANSPORTATION LOCAL 443 HEALTH SEV & INS PL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 200 WALLACE STREET

City NEW HAVEN

State Connecticut ZIP Code + 4 06507

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS TO THE LOCAL'S MEMBERS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH ATTENDING BOARD OF TRUSTEES MEETING OF THE TRI-STATE JOINT FUND 04/17/2004-04/24/2004. HOTEL ROOM AND TAX, TRAVEL AND INCIDENTAL EXPENSES.

12.b. Amount.

\$3,794

Name of Person Filing LINDA BUNNELL

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TRANSPORTATION LOCAL 443 HEALTH SER & INS PL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 200 WALLACE STREET

City NEW HAVEN

State Connecticut ZIP Code + 4 06507

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS TO LOCAL'S MEMBERS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH ATTENDING BOARD OF TRUSTEES MEETING OF THE TRI-STATE JOINT FUND 09/26/2004-09/29/2004. HOTEL ROOM AND TAX AND INCIDENTAL EXPENSES.

12.b. Amount.

\$1,076

S. M. ESPOSITO & COMPANY, P.C.

Certified Public Accountants

1 BRADLEY ROAD, SUITE 401 • WOODBRIDGE, CONNECTICUT 06525 • (203) 387-7771 • FAX (203) 397-3701

9

November 7, 2005

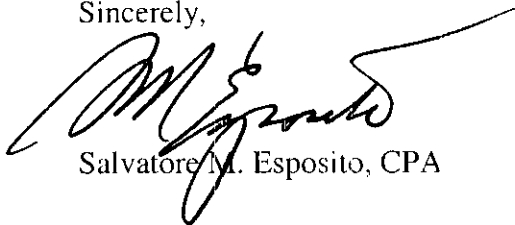
U.S. Department of Labor
ESA / OLMS Room N-5616
200 Constitution Avenue, N.W.
Washington, DC 20210-0001

RE: Linda Bunnell
Amended Form LM-30
Year: 2004

Dear Sir or Madam,

Enclosed please find amended Form LM-30 for 2004. The amendment is due to the inadvertent omission of reimbursed meals of \$272 applicable to a trustees' meeting in September 2004. (See Page 4 of Form LM-30). (Originally reported \$804; as corrected \$1,076)

Sincerely,



Salvatore M. Esposito, CPA



Linda Bunnell